В.

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SCHEDULE B (FEC Form 3 ) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)  17
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Full Name (Last, First, Middle Initial)  Mark Cole For Delegate  Mailing Address P.O. 6046		Transaction ID: 80120.E6020 Date of Disbursement  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
° H	Ca	Amount of Each Disbursement this Period  1000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) National Republican Congressional Com.  Mailing Address 320 First St., SE		Transaction ID: 80120.E6131 Date of Disbursement  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
· —	Ca	Amount of Each Disbursement this Period  58157.63  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Full Name (Last, First, Middle Initial) National Republican Congressional Com.  Mailing Address 320 First St., SE		Transaction ID: 80120.E6013 Date of Disbursement  M M M / D D D / Y Y Y O Y 7
* H -	Ca	Amount of Each Disbursement this Period  25000.00  Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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